



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/16/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD064286859

FACILITY NAME ->

ASCO ELECTRICAL PRODUCTS INC

MAILING ADDRESS ->

7 EASTMANS RD  
PARSIPPANY, NJ 07054

INSTALLATION ADDRESS ->

7 EASTMANS RD  
PARSIPPANY, NJ 07054

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: QUINN, MARTIN  
ENVIRON ENGR  
ASCO ELECTRICAL PRODUCTS INC  
50 HANOVER RD  
FLORHAM PARK, NJ 07932



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

N J D 0 6 4 2 8 6 8 5 9

## II. Name of Installation (Include company and specific site name)

A S C O E L E C T R I C A L P R O D U C T S , I N C .

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

7 E A S T M A N S R O A D

Street (continued)

P A R S I P P A N Y

City or Town

State

ZIP Code

P A R S I P P A N Y

N J

0 7 0 5 4 -

County Code

County Name

M O R R I S

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

O U T I N N

M A R T I N

Job Title

Phone Number (area code and number)

E N V I R O N E N G R .

2 0 1 - 9 6 6 - 2 5 1 6

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

5 0 H A N O V E R R O A D

City or Town

State

ZIP Code

F L O R H A M P A R K

N J

0 7 9 3 2 -

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A U T O M A T I C S W I T C H C O M P A N Y

Street, P.O. Box, or Route Number

5 0 H A N O V E R R O A D

City or Town

State

ZIP Code

F L O R H A M P A R K

N J

0 7 9 3 2 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

2 0 1 - 9 6 6 - 2 0 0 0

P

P

Yes

No

Change Name

they changed name in early 80's per notation 10/12/95:100



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel	
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Boiler and/or Industrial Furnace	<input type="checkbox"/> 1. Utility Boiler	
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Smelter Referral	<input type="checkbox"/> 2. Industrial Boiler	
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Small Quantity Exemption	<input type="checkbox"/> 3. Industrial Furnace	
Mode of Transportation	Indicate Type of Combustion Device(s)	<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 1. Utility Boiler		
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 2. Industrial Boiler		
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> 3. Industrial Furnace		
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify	<input type="checkbox"/> 5. Underground Injection Control		

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(Use specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 0 1	D 0 0 7		

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	F 0 0 5	F 0 0 1			
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Martin J. Quinn</i>	Name and Official Title (type or print) Martin J. Quinn, Sr. Envir. Eng.	Date Signed
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## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

7J0060286859

INSTALLATION ADDRESS

BIKSON MANUFACTURING COMPANY INC  
7 EASTMAWS ROAD  
PARSIPPANY NJ 07054  
  
7 EASTMAWS ROAD  
PARSIPPANY NJ 07054



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, created, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

NJ0064286859

BIKSUN MFG CO INC

II. INSTALLATION MAILING ADDRESS

~~BIKSUN ELECTRICAL PRODUCTS CO INC~~~~2 EASTMANS RD~~~~PARSIPPANY, NJ 07054~~

III. LOCATION OF INSTALLATION

~~2 EASTMANS RD~~~~PARSIPPANY, NJ 07054~~

## FOR OFFICIAL USE ONLY

## COMMENTS

BIKSUN MANUFACTURING COMPANY INC

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED

F MJ0064286859

T/A C  
31

800904

## I. NAME OF INSTALLATION

BIKSUN MANUFACTURING COMPANY INC

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

7 EASTMANS ROAD

CITY OR TOWN

PARSIPPANY NEW JERSEY

ST.

ZIP CODE

NJ 07054

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

7 EASTMANS ROAD

CITY OR TOWN

PARSIPPANY NEW JERSEY

ST.

ZIP CODE

NJ 07054

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 BORGERSEN E. VICE PRESIDENT

201-386-9000

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

BIKSUN MANUFACTURING COMPANY INC

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

NJ0064286859

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



S	W	N	J	D	0	6	4	2	8	6	8	5	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

E. BORGERSEN. V.P.

DATE SIGNED

8-25-80



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

Aug. 28, 1980

Reference No: NJD064286 859

Dear Hazardous Waste Handler:

The U.S. Environmental Protection Agency (EPA) has received the Notification Form you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, 42 U.S.C. 6930. Our review of your submittal raises concern because you failed to include all pertinent information or the response was illegible. Another blank form is enclosed together with a request that you complete it, paying additional attention to the mandatory items checked below:

- ☐ 1) Facility Name (Section I)
- ☐ 2) Facility Location (Street, City, State) (Section III)
- ☒ 3) Type of Hazardous Waste Activity (Section VI)
- ☐ 4) Description of Hazardous Wastes (Section IX)
- ☐ 5) Certification (Section X)

Please complete the form and return it to us by *Sept. 15, 1980*.  
To assure credit, address your reply to EPA Region II, Information Services Center, 26 Federal Plaza, New York, New York, 10278

EPA must consider you as potentially in violation of Section 3010 if you do not complete and return this form by the required date.

Sincerely yours,

*Richard A. Baker*

Richard A. Baker  
Chief  
Permits Administration Branch  
Planning and Management Division

HOPE THIS MEETS  
APPROVAL.  
*LMLEOD.*